2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9300001152



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90171 001 ****70.00

KRIYA YOGA INSTITUTE, INC.								03-03-2003 9	0171 001	70.00
Principal Place of Business 24757 S.W. 167TH AVE. HOMESTEAD FL 33031-1364		Mailing Address 24757 S.W. 167TH AVE. HOMESTEAD FL 33031-1364								
2. Principal F	Place of Busin	ess	3. Mailing Add	dress						
Suita Ant Hata							-			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip		Country	Zip		Country		5. Certificate of	Status Desired [\$8.75 Ad	ditional
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	o. Itanie	and Address of Current P	vedistelen wäel	ıs.	Name	IJ.				
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HOMEST	TEAD FL 330	31-1364			2	475	7 SW	167th A1	VE.	
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8. The above	e named entity	submits this statement for	the purpose of o	changing its re						
the obligat	ations of registe	ered agent.								-
	Par	t a. h/	سلان	Trea	^			$\Delta \alpha \alpha i I$	30, 2003	۱
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: R	egistered Agent signa	sture required	when reinstating)	- Oppus	DATÉ	
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		** _* 2								
ra	FILE NOW	: FEE IS \$61.25		Election Campa Trust Fund Con	aign Financing atribution.		\$5.00 May Be Added to Fees		Check Payable Department of	
⁽ 4		i	•		ntribution.	П	Added to Fees	Florida I	Department of	State
10.	FILE NOW	<u>, , , , , , , , , , , , , , , , , , , </u>	ECTORS	Trust Fund Con		Δ	Added to Fees	Florida I	Department of	State
10.	PDC GIRI, HARI	OFFICERS AND DIR	ECTORS		ntribution.	P/D/	Added to Fees ODITIONS/CHAP	Florida I	Department of	State
10. TITLE NAME STREET ADDRESS	PDC GIRI, HARI 24757 SW	OFFICERS AND DIR HARANANDA SWAMI 167TH AVENUE	ECTORS	Trust Fund Con	11. TITLE NAME STREET ADDRESS	P/D/ GIR	Added to Fees DDITIONS/CHAP C I PRAJI 57 SW.	Florida I	AND DIRECTORS IN Change	State N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GIRI, HARI 24757 SW HOMESTE	OFFICERS AND DIR	ECTORS	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ GIR 247 Hom	Added to Fees DDITIONS/CHAN C I PRAJI 57 SW.	Florida I	Department of AND DIRECTORS IN SWAMI	N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDC GIRI, HARI 24757 SW HOMESTE VP	OFFICERS AND DIR HARANANDA SWAMI 167TH AVENUE AD FL 33031-1364	ECTORS	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P/D/ GIR 247 Hom	Added to Fees ODITIONS/CHAP C I PRAJI 57 SW. IESTEAN,	Florida I	AND DIRECTORS IN Change	State N 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

XIGHALLIBE NEIGHRED

Am . 30,2003

305-247-1960